

# Willoughby Hills Girls Softball Registration 2014

1/1/14 – 3/2/14

Divisions\* based upon child's age at cut-off date indicated below;  
(Please circle appropriate category)

Slow-Pitch      Pixie 8u (Coach Pitch)      as of January 1, 2014  
Fast-Pitch      10u 12u 14u 17u      as of January 1, 2014

## Divisions based on number of applicants and skill level

**Cost:** Coach-pitch (Pixie) \$50.00 per player      **Fast Pitch:** \$65.00 per player

**\*\*\*Families with more than one player will be charged \$65 for the first player, and \$50 for each additional player**

Make checks payable to **City of Willoughby Hills**, 35405 Chardon Rd., Willoughby Hills OH 44094

Player's Name: \_\_\_\_\_ Division: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Cut-off date (see above): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Birth Certificate  
Validation:  
☐ Yes  
☐ No

Interested in volunteering as a coach, manager, or coordinator?    ☐ yes    ☐ no

**FOR MORE INFO: 440-975-3540 recreation@willoughbyhills-oh.gov**

**NOTE: SIGN-UPS AFTER MARCH 2<sup>nd</sup> WILL BE ASSESSED A \$25.00 LATE FEE  
PLACEMENT WILL BE BASED ON SPACE AVAILABILITY.**

## IN CASE OF EMERGENCY

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Does your child have any allergies    ☐ no    ☐ yes \_\_\_\_\_

Does your child have any medical conditions    ☐ no    ☐ yes \_\_\_\_\_

## Shirt Size (circle one)

Youth      Adult  
S   M   L      S   M   L   XL

## Pant Size (circle one)

Youth      Adult  
S   M   L   XL      S   M   L   XL

I/We the parents/guardian of the above, who is a candidate for Willoughby Hills Girls Softball, hereby give my/our approval for her participation during the 2014 season. I/We assume all risks and hazards, direct & incidental to the conduct of the activity and transportation to and from the activity. I/We hereby release, absolve and hold harmless the City of Willoughby Hills, Willoughby Hills Girls Softball sponsors, employees, organizers, agents, representatives and supervisors, any or all of them. I/We hereby waive all claims, demands of any nature, causes of action or any other matter against them, releasing responsibility from any person transporting my/our child to and from the activity. I/We will furnish a certified birth certificate on the above candidate upon request. In case of injury, I/We the parents of the above named child will assume full responsibility for any claims resulting from injury. I/We further grant permission for medical treatment in the event of an emergency.

I agree to demonstrate good sportsmanship by demonstrating positive support for all players, coaches and officials.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_